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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ■ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | art 1: Identify Yourself  |  |   |  |  |  |  |  |
|-----|---|--|---|--|--|--|--|--|
|     |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |  |
| 1.  | Your full name  |  |   |  |  |  |  |  |
|     | Write the name that is on   | Maurice                                  |   |  |  |  |  |  |
|     | your government-issued picture identification (for example, your driver's   | First name                               | First name                                    |  |  |  |  |  |
|     | license or passport).   | Middle name                              | Middle name                                   |  |  |  |  |  |
|     | Bring your picture identification to your   | Hood                                     |   |  |  |  |  |  |
|     | meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |  |  |
| 2.  | All other names you have used in the last 8 years   |  |   |  |  |  |  |  |
|     | Include your married or maiden names.   |  |   |  |  |  |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6898                              |   |  |  |  |  |  |
|     |   |  |   |  |  |  |  |  |

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Document

Case number (if known) Debtor 1 Maurice Hood

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|--|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |  |
| 5. | Where you live   | 2700 Mark Ave.  | If Debtor 2 lives at a different address:  |  |  |  |
|    |  | Zion, IL 60099  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|    |  | Lake  |  |  |  |  |
|    |  | County  | County   |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |  |  |  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|    |  |   |  |  |  |  |

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Document Case number (if known) Debtor 1 Maurice Hood

| Par | t 2: Tell the Court About   | our B   | ankruptcy Ca                  | se  |                         |  |   |  |  |  |
|-----|---|---|-------------------------------|---|-------------------------|--|---|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                               |   |                         |  |   |  |  |  |
|     | choosing to file under  | ☐ Chapter 7   |                               |   |                         |  |   |  |  |  |
|     |   | ☐ Chapter 11  |                               |   |                         |  |   |  |  |  |
|     |   | □с  | hapter 12                     |   |                         |  |   |  |  |  |
|     |   | <b>■</b> C  | hapter 13                     |   |                         |  |   |  |  |  |
| 8.  | How you will pay the fee  | •   | about how you                 | u may pay. Typically, if you a<br>attorney is submitting your p | are paying              | the fee yourself,                          | you may pay with cash                           | r local court for more details<br>n, cashier's check, or money<br>h a credit card or check with              |  |  |
|     |   |   | I need to pay                 | the fee in installments. If                                     |                         | e this option, sigr                        | n and attach the Applica                        | ation for Individuals to Pay   |  |  |
|     |   | _   | Ū                             | e in Installments (Official Fo                                  | ,                       | Ortono Companio 1                          |   | to 7 Delever a Seden conse   |  |  |
|     |   |   | but is not requapplies to you | ired to, waive your fee, and                                    | may do so<br>able to pa | o only if your inco<br>y the fee in instal | ome is less than 150% of lments). If you choose | oter 7. By law, a judge may, of the official poverty line that this option, you must fill out your petition. |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | □ No  | □ No.<br>■ Yes.               |   |                         |  |   |  |  |  |
|     |   |   | District                      | ILNBKE Chapter 7<br>Discharged 3/8/19                           | When                    | 2/17/15                                    | Case number                                     | 15-05144   |  |  |
|     |   |   | District                      | ILNBKE Chapter 13<br>Dismissed 5/9/14                           | When                    | 12/02/13                                   | Case number                                     | 13-46339   |  |  |
|     |   |   | District                      | See Attachment  | When                    |  | Case number                                     |  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  | )                             |   |                         |  |   |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye  | es.                           |   |                         |  |   |  |  |  |
|     |   |   | Debtor                        |   |                         |  | Relationship to y                               | /ou  |  |  |
|     |   |   | District                      |   | When                    |  | Case number, if                                 | known  |  |  |
|     |   |   | Debtor                        |   |                         |  | Relationship to y                               | /ou  |  |  |
|     |   |   | District                      |   | When                    |  | Case number, if                                 | known  |  |  |
| 11. | Do you rent your residence?   | ■ No  | Go to li                      | ne 12.  |                         |  |   |  |  |  |
|     |   | □Y€   | es. Has you                   | ur landlord obtained an evic                                    | tion judgm              | ent against you a                          | and do you want to stay                         | in your residence?   |  |  |
|     |   |   |                               | No. Go to line 12.  |                         |  |   |  |  |  |
|     |   |   |                               | Yes. Fill out <i>Initial Statemen</i> bankruptcy petition.      | nt About ar             | n Eviction Judgm                           | ent Against You (Form                           | 101A) and file it with this  |  |  |

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6/28/16 3:51PM Page 4 of 62 Document Case number (if known) Debtor 1 Maurice Hood Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business Yes. A sole proprietorship is a business you operate as U next New Image an individual, and is not a Name of business, if any separate legal entity such as a corporation, partnership, or LLC. 2421 Washington & 2416 Washington If you have more than one Waukegan, IL 60085 sole proprietorship, use a Number, Street, City, State & ZIP Code separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is alleged to pose a threat ☐ Yes.

of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Maurice Hood

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

## Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 **Maurice Hood** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Maurice Hood Signature of Debtor 2 Maurice Hood Signature of Debtor 1 Executed on June 28, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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For your attorney, if you are represented by one

Debtor 1

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David M. Siegel                    | Date          | June 28, 2016  |  |
|--|---------------|----------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY |  |
|  |               |                |  |
| David M. Siegel                        |               |                |  |
| Printed name                           |               |                |  |
| David M. Siegel & Associates           |               |                |  |
| Firm name                              |               |                |  |
| 790 Chaddick Drive                     |               |                |  |
| Wheeling, IL 60090                     |               |                |  |
| Number, Street, City, State & ZIP Code |               |                |  |
| (0.47) = 0.00                          |               |                |  |
| Contact phone (847) 520-8100           | Email address |                |  |
| #06207611                              |               |                |  |
| Bar number & State                     |               |                |  |

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Debtor 1 Maurice Hood

Document

| Fill in this information to identify your case: |                          |                   |             |  |   |  |
|---|--------------------------|-------------------|-------------|--|---|--|
| Debtor 1  | Maurice Hood             |                   |             |  |   |  |
|   | First Name               | Middle Name       | Last Name   |  |   |  |
| Debtor 2<br>(Spouse if, filing)                 | First Name               | Middle Name       | Last Name   |  |   |  |
| (Opodse II, IIIIIg)                             | i iist ivaine            | Widdle Name       | Last Name   |  |   |  |
| United States Ba                                | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |   |  |
| Case number                                     |                          |                   |             |  |   |  |
| (if known)                                      |                          |                   |             |  | ☐ Check if this is ar<br>amended filing |  |

## FORM 101. VOLUNTARY PETITION

## **Prior Bankruptcy Cases Filed Attachment**

| District                            | Case Number | Date Filed |
|-------------------------------------|-------------|------------|
| ILNBKE Chapter 7 Discharged 3/8/19  | 15-05144    | 2/17/15    |
| ILNBKE Chapter 13 Dismissed 5/9/14  | 13-46339    | 12/02/13   |
| ILNBKE Chapter 13 Dismissed 4/26/13 | 13-00913    | 1/10/13    |
| ILNBKE Chapter 13 Dismissed 11/9/12 | 12-24561    | 6/19/12    |
| ILNBKE Chapter 13 Dismissed 5/11/12 | 11-46301    | 11/15/11   |

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| Debtor 1               | Maurice Hood             |                   |             |                       |
|------------------------|--------------------------|-------------------|-------------|-----------------------|
|                        | First Name               | Middle Name       | Last Name   |                       |
| Debtor 2               |                          |                   |             |                       |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name   |                       |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                       |
| Case number (if known) |                          |                   |             | ☐ Check if this is an |
|                        |                          |                   |             | amended filing        |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     |  | Your a      | ssets<br>of what you own |
|-----|--|-------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 297,000.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 27,875.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 324,875.00               |
| Pai | t 2: Summarize Your Liabilities  |             |                          |
|     |  |             | iabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 384,999.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 16,500.00                |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 9,066.00                 |
|     | Your total liabilities   | \$          | 410,565.00               |
| Paı | t 3: Summarize Your Income and Expenses  |             |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 8,557.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 7,257.00                 |
| Paı | 4: Answer These Questions for Administrative and Statistical Records   |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                          |
|     |  |             |                          |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Maurice Hood Document Page 10 of 62
Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim     |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |       |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 15,000.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 1,500.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 6,995.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 23,495.00 |

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|                     | С   | ase 16-20984   | Doc 1                                  |                         | 06/28/16<br>ument                  | Entered 06/28/16<br>Page 11 of 62   | 6 16:14:25                      | Des   | sc M   | lain<br>6/28/16 3:51PI                   |
|---------------------|---|--|--|-------------------------|------------------------------------|---|---------------------------------|---|--------|--|
| <b>-</b>            | in this info                                  | rmation to identify y  | our case and th                        |                         |                                    |   |                                 |   |        |  |
| Deb                 | otor 1  | Maurice Hood First Name                                      |  | Name                    |                                    | Last Name   |                                 |   |        |  |
|                     | otor 2<br>use, if filing)                     | First Name   | Middle                                 | Name                    |                                    | Last Name   |                                 |   |        |  |
|                     |   |  |  |                         | RICT OF ILLIN                      |   |                                 |   |        |  |
| OH                  | ieu Siales D                                  | ankruptcy Court for th                                       | ie. NORTIER                            | N DISTI                 | NICT OF ILLIN                      | 1013  |                                 |   |        |  |
| Cas                 | se number                                     |  |  |                         |                                    | -   |                                 |   |        | Check if this is an amended filing       |
| Sc                  | chedu   | orm 106A/B le A/B: Pro                                       | <u> </u>                               | an asset                | only once. If a                    | in asset fits in more than one c  | ategory. list the               | asset in t  | the ca | 12/15                                    |
| hink<br>nfor<br>nsv | t it fits best.<br>mation. If mover every que | Be as complete and ac<br>ore space is needed, att<br>estion. | curate as possibl<br>ach a separate sl | e. If two<br>neet to th | married people<br>nis form. On the | e are filing together, both are e<br>e top of any additional pages, v<br>n or Have an Interest In | qually responsil                | ole for sup   | plyin  | g correct                                |
|                     |   | <u> </u>   |  |                         |                                    |   |                                 |   |        |  |
| _                   |   | , , ,  | table interest in a                    | iny resid               | ence, building,                    | land, or similar property?  |                                 |   |        |  |
|                     | No. Go to Pa                                  |  |  |                         |                                    |   |                                 |   |        |  |
|                     | Yes. where                                    | is the property?   |  |                         |                                    |   |                                 |   |        |  |
|                     |   |  |  |                         |                                    |   |                                 |   |        |  |
| 1.1                 |   |  |  | What                    | is the property                    | ? Check all that apply  |                                 |   |        |  |
|                     | 2700 Mar                                      |  | ntion                                  |                         | Single-family h                    | nome  |                                 |   |        | exemptions. Put                          |
|                     | Street address                                | Street address, if available, or other description           |  |                         |                                    |   |                                 | the amount of any secured claims on Schedu<br>Creditors Who Have Claims Secured by Prop |        |  |
|                     | Zion  | IL   | 60099-0000                             |                         | Manufactured<br>Land               | or mobile home  | Current value o entire property |   |        | ent value of the ion you own?            |
|                     | City  | State  | ZIP Code                               |                         | Investment pro                     | pperty  | \$297,0                         | 00.00   | -      | \$297,000.00                             |
|                     |   |  |  | Who                     | Timeshare Other has an interest    | in the property? Check one  |                                 | nple, tena  |        | nership interest<br>y the entireties, or |
|                     |   |  |  |                         | Debtor 1 only                      |   | Fee simple                      |   |        |  |
|                     | County  |  |  |                         | Debtor 2 only                      | 2.1. 2. 1   |                                 |   |        |  |
|                     | County  |  |  |                         | Debtor 1 and I                     | Debtor 2 only  f the debtors and another  | ☐ Check if th                   |   | munity | property                                 |
|                     |   |  |  | Other                   |                                    | ou wish to add about this item  | ,                               | ,   |        |  |
|                     |   |  |  |                         |                                    |   |                                 |   |        |  |
|                     |   |  |  |                         |                                    |   |                                 |   |        |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......

\$297,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known) Document Debtor 1 **Maurice Hood** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **BMW** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: 528i Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2014 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$25,775.00 \$25,775.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$25,775.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... **Household Goods & Furniture** \$750.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TV & Electronics \$450.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe.....

## 9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

■ No

☐ Yes. Describe.....

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

Nο

| Dobtor 1                          | Massian Ha                             |   | Document                             | Page 13 of           | 62<br>Case number (if known)   | Desc Main  | 6/28/16 3:51PM     |
|-----------------------------------|--|---|--------------------------------------|----------------------|--------------------------------|--|--------------------|
| Debtor 1                          | Maurice Hoo                            | oa  |                                      |                      | Case number (if known)         |  |                    |
| ☐ Yes                             | . Describe                             |   |                                      |                      |                                |  |                    |
| □ No                              |  | othes, furs, leather coats,                             | designer wear, shoes,                | accessories          |                                |  |                    |
|                                   |  | Normal Clothing   |                                      |                      |                                |  | \$800.00           |
|                                   |  | Normal Clothing   |                                      |                      |                                |  | Ψοσοίσο            |
| ■ No                              | •                                      | welry, costume jewelry, e                               | ngagement rings, wedd                | ding rings, heirlooi | m jewelry, watches, gems, g    | old, silver  |                    |
| Exam                              | arm animals<br>aples: Dogs, cats,      | birds, horses   |                                      |                      |                                |  |                    |
| ■ No<br>□ Yes                     | . Describe                             |   |                                      |                      |                                |  |                    |
| ■ No                              | ther personal an  . Give specific inf  | •   | did not already list, ir             | ncluding any hea     | lth aids you did not list      |  |                    |
| 15. <b>Add</b>                    | the dollar value                       | of all of your entries fro<br>number here               |                                      |                      | ges you have attached          | \$2  | ,000.00            |
| Part 4: Do                        | escribe Your Finan                     | cial Assets   |                                      |                      |                                |  |                    |
|                                   |  | egal or equitable interes                               | st in any of the follow              | ing?                 |                                | Current value portion you Do not deduct claims or execution. | own?<br>ct secured |
| ■ No                              |  | have in your wallet, in you                             |                                      | osit box, and on ha  | and when you file your petitic | on   |                    |
|                                   |  | avings, or other financial<br>If you have multiple acco |                                      |                      | in credit unions, brokerage h  | nouses, and other  | similar            |
| □ No<br>■ Yes                     |  |   | Institution n                        | ame:                 |                                |  |                    |
|                                   |  | 17.1. Checking  | Checking                             | Account              |                                |  | \$100.00           |
| 18. <b>Bonds</b> <i>Exam</i> ■ No | s, mutual funds,<br>aples: Bond funds, | or publicly traded stock investment accounts with       | k <b>s</b><br>h brokerage firms, mon | ney market accour    | nts                            |  |                    |
|                                   |  | Institution or iss                                      | suer name:                           |                      |                                |  |                    |
|                                   | oublicly traded st<br>venture          | ock and interests in inc                                | orporated and unince                 | orporated busine     | esses, including an interest   | t in an LLC, partn   | ership, and        |
| _                                 | . Give specific inf                    | ormation about them                                     |                                      |                      |                                |  |                    |
|                                   | •                                      | Name of entity:   |                                      |                      | % of ownership:                |  |                    |
|                                   |  | U Next New Ima  | ge                                   |                      | %                              |  | \$0.00             |

Official Form 106A/B

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Case number (if known) Document

|     | <ul> <li>Government and corporate bonds and other negotiable and non-negotiable Negotiable instruments include personal checks, cashiers' checks, promissory Non-negotiable instruments are those you cannot transfer to someone by signi         <ul> <li>No</li> <li>Yes. Give specific information about them Issuer name:</li> </ul> </li> </ul> | notes, and money orders.  |   |
|-----|--|---|---|
| 21. | . Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts  | nts, or other pension or profit-sharing plans                           | 5   |
|     | ■ No   |   |   |
|     | ☐ Yes. List each account separately.  Type of account:  Institution name:  |   |   |
| 22. | Security deposits and prepayments Your share of all unused deposits you have made so that you may continue se Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas   | rvice or use from a company<br>s, water), telecommunications companies, | or others   |
|     | ■ No □ Yes Institution name or   | individual:   |   |
| 23. | . <b>Annuities</b> (A contract for a periodic payment of money to you, either for life or f  | or a number of years)   |   |
|     | ■ No □ Yes Issuer name and description.  |   |   |
| 24. | . Interests in an education IRA, in an account in a qualified ABLE program, of 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  ■ No   | or under a qualified state tuition progran                              | n.  |
|     | Yes Institution name and description. Separately file the record   | ds of any interests.11 U.S.C. § 521(c):                                 |   |
|     | <ul> <li>Trusts, equitable or future interests in property (other than anything listed No</li> <li>■ No</li> <li>□ Yes. Give specific information about them</li> </ul>  | in line 1), and rights or powers exercise                               | able for your benefit   |
| 26. | <ul> <li>Patents, copyrights, trademarks, trade secrets, and other intellectual prop Examples: Internet domain names, websites, proceeds from royalties and licen</li> <li>■ No</li> <li>□ Yes. Give specific information about them</li> </ul>  |   |   |
| 27. | Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holding   | gs, liquor licenses, professional licenses                              |   |
|     | ■ No □ Yes. Give specific information about them   | 5 · •   |   |
| M   | loney or property owed to you?   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | . Tax refunds owed to you ■ No   |   |   |
|     | $\square$ Yes. Give specific information about them, including whether you already filed   | I the returns and the tax years   |   |
| 29. | <ul> <li>Family support         Examples: Past due or lump sum alimony, spousal support, child support, mair     </li> <li>No</li> </ul>   | ntenance, divorce settlement, property settl                            | ement   |
|     | ☐ Yes. Give specific information   |   |   |
| 30. | Other amounts someone owes you     Examples: Unpaid wages, disability insurance payments, disability benefits, side benefits; unpaid loans you made to someone else  | k pay, vacation pay, workers' compensation                              | on, Social Security   |
|     | ■ No □ Yes. Give specific information  |   |   |

Debtor 1

**Maurice Hood** 

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Case number (if known) Document Debtor 1 **Maurice Hood** 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **Term Life Insurance** \$0.00 **Death Benefit Only** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$100.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

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Case number (if known) Document Debtor 1 **Maurice Hood** 

List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$297,000.00 55. Part 2: Total vehicles, line 5 56. \$25,775.00 Part 3: Total personal and household items, line 15 57. \$2,000.00 58. Part 4: Total financial assets, line 36 \$100.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$27,875.00 \$27,875.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$324,875.00

Official Form 106A/B Schedule A/B: Property page 6 Case 16-20984 Doc 1 Filed 06/28/16 Entered 06/28/16 16:14:25 Desc Main

Document Page 17 of 62 Fill in this information to identify your case: Debtor 1 Maurice Hood First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Copy the value from Schedule A/B   2700 Mark Ave Zion, IL 60099 Lake County   297,000.00   | Schedule A/B that lists this property | Current value of the<br>portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |
|--|---------------------------------------|---|-----------------------------------|---|------------------------------------|--|
| County       \$237,000.00       \$13,000.00         Line from Schedule A/B: 1.1       100% of fair market value, up to any applicable statutory limit         2014 BMW 528i       \$25,775.00       \$2,400.00         Line from Schedule A/B: 3.1       100% of fair market value, up to any applicable statutory limit         Household Goods & Furniture Line from Schedule A/B: 6.1       \$750.00       735 ILCS 5/12-1001(b)         100% of fair market value, up to any applicable statutory limit       100% of fair market value, up to any applicable statutory limit         TV & Electronics Line from Schedule A/B: 7.1       \$450.00       100% of fair market value, up to any applicable statutory limit         Normal Clothing Line from Schedule A/B: 11.1       \$800.00       \$800.00         Line from Schedule A/B: 11.1       \$800.00       100% of fair market value, up to any applicable statutory limit |                                       |   | Che                               | eck only one box for each exemption.                            |                                    |  |
| Line from Schedule A/B: 1.1       □ 100% of fair market value, up to any applicable statutory limit         2014 BMW 528i       \$25,775.00       ■ \$2,400.00       735 ILCS 5/12-1001(c)         Line from Schedule A/B: 3.1       □ 100% of fair market value, up to any applicable statutory limit       ↑ 735 ILCS 5/12-1001(b)         Household Goods & Furniture Line from Schedule A/B: 6.1       \$750.00       ■ \$750.00       ↑ 735 ILCS 5/12-1001(b)         TV & Electronics Line from Schedule A/B: 7.1       \$450.00       ■ \$450.00       ↑ 735 ILCS 5/12-1001(b)         Normal Clothing Line from Schedule A/B: 11.1       \$800.00       ■ \$800.00       ↑ 735 ILCS 5/12-1001(a)         Normal Clothing Line from Schedule A/B: 11.1       \$800.00       ■ \$800.00       ↑ 735 ILCS 5/12-1001(a)  | _                                     | \$297,000.00                            |                                   | \$15,000.00   | 735 ILCS 5/12-901                  |  |
| Line from Schedule A/B: 3.1    Substitute   Statutory limit  |                                       |   |                                   | · •   |                                    |  |
| Household Goods & Furniture Line from Schedule A/B: 6.1  TV & Electronics Line from Schedule A/B: 7.1  Normal Clothing Line from Schedule A/B: 11.1  Normal Clothing Line from Schedule A/B: 11.1  Town any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  735 ILCS 5/12-1001(b)  100% of fair market value, up to any applicable statutory limit  8800.00  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  |                                       | \$25,775.00                             |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
| Line from Schedule A/B: 6.1  TV & Electronics Line from Schedule A/B: 7.1  \$450.00  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc   | Line Hotti Schedule Arb. 3.1          |   |                                   | · ·   |                                    |  |
| TV & Electronics Line from Schedule A/B: 7.1  Normal Clothing Line from Schedule A/B: 11.1  \$800.00  \$800.00  \$100% of fair market value, up to any applicable statutory limit  \$800.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit   |                                       | \$750.00                                |                                   | \$750.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 7.1  Normal Clothing Line from Schedule A/B: 11.1  \$800.00  \$800.00  \$100% of fair market value, up to any applicable statutory limit  \$800.00  \$100% of fair market value, up to any applicable statutory limit  | Line from Gorledge 74 B. G.1          |   |                                   |   |                                    |  |
| Normal Clothing Line from Schedule A/B: 11.1    100% of fair market value, up to any applicable statutory limit    \$800.00  |                                       | \$450.00                                |                                   | \$450.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 11.1  —————————————————————————————————  | Line Horr Schedule A.D. 1.1           |   |                                   | · •   |                                    |  |
| □ 100% of fair market value, up to   | <u> </u>                              | \$800.00                                |                                   | \$800.00  | 735 ILCS 5/12-1001(a)              |  |
| any applicable statutory limit   | Line from Scriedule A/D. 1111         |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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Debtor 1 Maurice Hood

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Case number (if known)

Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that a

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Chec                              | ck only one box for each exemption.                             |                                    |
| Checking: Checking Account   | \$100.00                             |                                   | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 17.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| U Next New Image   | \$0.00                               |                                   | \$0.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 19.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Term Life Insurance  | \$0.00                               |                                   | \$0.00  | 215 ILCS 5/238                     |
| Death Benefit Only Line from Schedule A/B: 31.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
  - □ No
  - ☐ Yes

Case 16-20984 Doc 1 Filed 06/28/16 Entered 06/28/16 16:14:25 Desc Main

Page 19 of 62 Document Fill in this information to identify your case: Debtor 1 **Maurice Hood** Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column B Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion value of collateral. claim If any Cap One Auto Mail Only Describe the property that secures the claim: \$26,999.00 \$25,775.00 \$1,224.00 2014 BMW 528i As of the date you file, the claim is: Check all that PO Box 201347 Arlington, TX 76006 ☐ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured ■ Debtor 1 only car loan) Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit **Purchase Money Security** ☐ Check if this claim relates to a Other (including a right to offset) community debt Date debt was incurred Last 4 digits of account number **Chase Mortgage** Describe the property that secures the claim: \$318,000.00 \$297,000.00 \$0.00 Creditor's Name 2700 Mark Ave Zion, IL 60099 Lake County As of the date you file, the claim is: Check all that PO Box 24696 Columbus, OH 43224 □ Contingent Number, Street, City, State & Zip Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured) ■ Debtor 1 only car loan) Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a Mortgage Other (including a right to offset) community debt

Official Form 106D

Date debt was incurred

Last 4 digits of account number

2592

Desc Main Case 16-20984 Doc 1 Filed 06/28/16 Entered 06/28/16 16:14:25 Page 20 of 62 Document Debtor 1 Maurice Hood Case number (if know) First Name Middle Name Last Name \$38,000.00 2.3 Chase Mortgage Describe the property that secures the claim: \$297,000.00 \$0.00 Creditor's Name 2700 Mark Ave Zion, IL 60099 Lake As of the date you file, the claim is: Check all that PO Box 24696 apply. Columbus, OH 43224 ☐ Contingent Number, Street, City, State & Zip Code ■ Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured) ■ Debtor 1 only car loan) Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a **Mortgage Arrears** Other (including a right to offset) community debt Date debt was incurred Last 4 digits of account number Pulte Cypress Park \$2,000.00 \$297,000.00 \$2,000.00 Describe the property that secures the claim: **Homeowners Assoc** Creditor's Name 2700 Mark Ave Zion, IL 60099 Lake County 15307 Benson Landing As of the date you file, the claim is: Check all that apply. Cypress, TX 77429 ☐ Contingent Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured) ■ Debtor 1 only car loan) Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit **Non-Purchase Money Security** ☐ Check if this claim relates to a Other (including a right to offset) community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$384,999.00 If this is the last page of your form, add the dollar value totals from all pages. \$384,999.00 Write that number here: Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code
Codilis & Associates
15W030 N. Frontage Rd.
Suite 100
Burr Ridge, IL 60527

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_

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Desc Main Case 16-20984 Page 21 of 62 Document Fill in this information to identify your case: Debtor 1 Maurice Hood First Name Middle Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim Priority** Nonpriority amount amount 2.1 Devona Brown Last 4 digits of account number \$0.00 \$0.00 \$0.00 Priority Creditor's Name 615 S Utica When was the debt incurred? Waukegan, IL 60085 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only lacksquare At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

**NOTICE ONLY** 

☐ Other. Specify

Is the claim subject to offset?

■ No

☐ Yes

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| 2.2 | II Dept Of Healthcare   | Last 4 digits of account number                                     | multi<br>account<br>s |              | 000.00 | \$0.00     | \$15,000.00 |
|-----|---|---|-----------------------|--------------|--------|------------|-------------|
|     | Priority Creditor's Name  509 S 6th St Springfield, IL 62701                  | When was the debt incurred?   | Opened<br>Active 4    |              | Last   |            |             |
|     | Number Street City State Zlp Code   | As of the date you file, the claim                                  | is: Check all         | that apply   |        |            |             |
|     | Who incurred the debt? Check one.   | ☐ Contingent  |                       |              |        |            |             |
|     | Debtor 1 only   | ☐ Unliquidated  |                       |              |        |            |             |
|     | Debtor 2 only   | ☐ Disputed  |                       |              |        |            |             |
|     | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla                                      | iim:                  |              |        |            |             |
|     | ☐ At least one of the debtors and another                                     | Domestic support obligations  |                       |              |        |            |             |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Taxes and certain other debts y☐ Claims for death or personal inj | ū                     | •            |        |            |             |
|     | No  | Other. Specify  |                       |              |        |            |             |
|     | Yes   | Family Su   | oport                 |              |        |            |             |
| 2.3 | IRS Priority Creditor's Name  | Last 4 digits of account number                                     |                       | <b>\$1</b> , | 500.00 | \$1,500.00 | \$0.00      |
|     | Internal Revenue Service<br>P.O. Box 7346                                     | When was the debt incurred?   | 2009                  |              |        |            |             |
|     | Philadelphia, PA 19101-7346  Number Street City State Zlp Code                | As of the date you file, the claim                                  | is: Check all         | that apply   |        |            |             |
|     | Who incurred the debt? Check one.   | ☐ Contingent  |                       |              |        |            |             |
|     | ■ Debtor 1 only   | ☐ Unliquidated  |                       |              |        |            |             |
|     | Debtor 2 only   | Disputed  |                       |              |        |            |             |
|     | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla                                      | ıim:                  |              |        |            |             |
|     | ☐ At least one of the debtors and another                                     | ☐ Domestic support obligations                                      |                       |              |        |            |             |
|     | ☐ Check if this claim is for a community debt                                 | Taxes and certain other debts y                                     | ou owe the g          | jovernment   |        |            |             |
|     | Is the claim subject to offset?   | ☐ Claims for death or personal inj                                  | ury while you         | were intoxi  | cated  |            |             |
|     | No  | Other. Specify  |                       |              |        |            |             |
|     | Yes   | Income Ta   | xes                   |              |        |            |             |
| 2.4 | Jackolyn Gayden Priority Creditor's Name                                      | Last 4 digits of account number                                     |                       |              | \$0.00 | \$0.00     | \$0.00      |
|     | 620 Sious Drive<br>Rounds Lake Beach, IL 60087                                | When was the debt incurred?   |                       |              |        |            |             |
|     | Number Street City State Zlp Code   | As of the date you file, the claim                                  | is: Check all         | that apply   |        |            |             |
|     | Who incurred the debt? Check one.   | ☐ Contingent  |                       |              |        |            |             |
|     | ■ Debtor 1 only   | ☐ Unliquidated  |                       |              |        |            |             |
|     | ☐ Debtor 2 only   | ☐ Disputed  |                       |              |        |            |             |
|     | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla                                      | im:                   |              |        |            |             |
|     | ☐ At least one of the debtors and another                                     | ■ Domestic support obligations                                      |                       |              |        |            |             |
|     | ☐ Check if this claim is for a community debt                                 | ☐ Taxes and certain other debts y                                   | ou owe the q          | jovernment   |        |            |             |
|     | Is the claim subject to offset?   | ☐ Claims for death or personal inj                                  |                       | •            |        |            |             |
|     | ■ No  | Other. Specify  |                       |              |        |            |             |
|     | Yes   | NOTICE O  | NLY                   |              |        |            |             |

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Debtor 1 Maurice Hood

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| 2.5                      | Keiya Bond  | Last 4 digits of account number   | \$0.00   | \$0.00                | \$0.00       |  |  |
|--------------------------|---|---|--|-----------------------|--------------|--|--|
| Priority Creditor's Name |   |   | <del></del>  | <del></del>           | 7            |  |  |
|                          | 1521 Grove Ave  | When was the debt incurred?   |  |                       |              |  |  |
|                          | North Chicago, IL 60064  Number Street City State Zlp Code    | As of the date you file, the claim is: Check all that a   | apply  |                       |              |  |  |
|                          | Who incurred the debt? Check one.                             | ☐ Contingent  |  |                       |              |  |  |
|                          | Debtor 1 only   | ☐ Unliquidated  |  |                       |              |  |  |
|                          | Debtor 2 only   | Disputed  |  |                       |              |  |  |
|                          | ☐ Debtor 1 and Debtor 2 only                                  | Type of PRIORITY unsecured claim:   |  |                       |              |  |  |
|                          | ☐ At least one of the debtors and another                     | ■ Domestic support obligations  |  |                       |              |  |  |
|                          | ☐ Check if this claim is for a community debt                 | ☐ Taxes and certain other debts you owe the govern  | nment  |                       |              |  |  |
|                          | Is the claim subject to offset?                               | ☐ Claims for death or personal injury while you were  |  |                       |              |  |  |
|                          | ■ No  | ☐ Other. Specify  |  |                       |              |  |  |
|                          | Yes   | NOTICE ONLY   |  |                       |              |  |  |
| 2.6                      | Shasonta Mayfield   | Last 4 digits of account number   | \$0.00   | \$0.00                | \$0.00       |  |  |
|                          | Priority Creditor's Name                                      |   |  |                       |              |  |  |
|                          | 920 Sherman Ave<br>North Chicago, IL 60064                    | When was the debt incurred?   |  |                       |              |  |  |
|                          | Number Street City State Zlp Code                             | As of the date you file, the claim is: Check all that a   | apply  |                       |              |  |  |
|                          | Who incurred the debt? Check one.                             | ☐ Contingent  |  |                       |              |  |  |
|                          | ■ Debtor 1 only   | ☐ Unliquidated  |  |                       |              |  |  |
|                          | Debtor 2 only   | ☐ Disputed  |  |                       |              |  |  |
|                          | ☐ Debtor 1 and Debtor 2 only                                  | Type of PRIORITY unsecured claim:   |  |                       |              |  |  |
|                          | ☐ At least one of the debtors and another                     | ☐ Domestic support obligations  |  |                       |              |  |  |
|                          | ☐ Check if this claim is for a community debt                 | ☐ Taxes and certain other debts you owe the govern  | Taxes and certain other debts you owe the government |                       |              |  |  |
|                          | Is the claim subject to offset?                               | $\square$ Claims for death or personal injury while you were  | intoxicated  |                       |              |  |  |
|                          | ■ No  | ■ Other. Specify Deposits by individuals  |  |                       |              |  |  |
|                          | Yes   | NOTICE ONLY   |  |                       |              |  |  |
| 2.7                      | Wilnetta Johnson  | Last 4 digits of account number   | \$0.00   | \$0.00                | \$0.00       |  |  |
|                          | Priority Creditor's Name                                      |   |  |                       |              |  |  |
|                          | 1120 Elm Ave<br>Waukegan, IL 60085                            | When was the debt incurred?   |  |                       |              |  |  |
|                          | Number Street City State Zlp Code                             | As of the date you file, the claim is: Check all that a   | apply  |                       |              |  |  |
|                          | Who incurred the debt? Check one.                             | ☐ Contingent  |  |                       |              |  |  |
|                          | ■ Debtor 1 only   | ☐ Unliquidated  |  |                       |              |  |  |
|                          | ☐ Debtor 2 only   | ☐ Disputed  |  |                       |              |  |  |
|                          | ☐ Debtor 1 and Debtor 2 only                                  | Type of PRIORITY unsecured claim:   |  |                       |              |  |  |
|                          | ☐ At least one of the debtors and another                     | ☐ Domestic support obligations  |  |                       |              |  |  |
|                          | ☐ Check if this claim is for a community debt                 | ☐ Taxes and certain other debts you owe the govern  | nment  |                       |              |  |  |
|                          | Is the claim subject to offset?                               | $\square$ Claims for death or personal injury while you were  | intoxicated  |                       |              |  |  |
|                          | No  | ■ Other. Specify Deposits by individuals  |  |                       |              |  |  |
|                          | □Yes  | NOTICE ONLY   |  |                       |              |  |  |
| Pai                      | t 2: List All of Your NONPRIORITY Unsect                      | ured Claims   |  |                       |              |  |  |
| 3.                       | Do any creditors have nonpriority unsecured claim             | ns against you?   |  |                       |              |  |  |
|                          | $\square$ No. You have nothing to report in this part. Submit | this form to the court with your other schedules.   |  |                       |              |  |  |
|                          | ■ Yes.  |   |  |                       |              |  |  |
| 4.                       | unsecured claim, list the creditor separately for each of     | e alphabetical order of the creditor who holds each colaim. For each claim listed, identify what type of claim it is recreditors in Part 3.If you have more than three nonprior | is. Do not list claims al                            | ready included in Par | t 1. If more |  |  |

Total claim

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| Debtor | Maurice Hood  | Case number (if know)  |  |          |  |  |  |
|--------|---|--|--|----------|--|--|--|
| 4.1    | Cap One   | Last 4 digits of account number  | 5439   | \$484.00 |  |  |  |
|        | Nonpriority Creditor's Name  Bankruptcy Dept.  PO Box 30285  Salt Lake City, UT 84130-0285              | When was the debt incurred?  | Opened 3/26/13 Last Active 5/12/16           |          |  |  |  |
| •      | Number Street City State Zlp Code  Who incurred the debt? Check one.                                    | As of the date you file, the claim   | s: Check all that apply                      |          |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated   |  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                                  | ☐ Disputed  Type of NONPRIORITY unsecured                                    | d claim:                                     |          |  |  |  |
|        | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                          | report as priority claims  | ration agreement or divorce that you did not |          |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |          |  |  |  |
|        | Yes   | Other. Specify Purchases   |  |          |  |  |  |
| 4.2    | Credit One Nonpriority Creditor's Name  | Last 4 digits of account number  | 8864   | \$615.00 |  |  |  |
|        | Bankrupcty Department PO Box 98873 Las Vegas, NV 89193  | When was the debt incurred?  | Opened 1/01/15 Last Active 5/10/16           |          |  |  |  |
| •      | Number Street City State Zlp Code  Who incurred the debt? Check one.                                    | As of the date you file, the claim   | s: Check all that apply                      |          |  |  |  |
|        | ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure         | d claim:                                     |          |  |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                           | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims |  |          |  |  |  |
|        | No  | Debts to pension or profit-sharing   |  |          |  |  |  |
|        | Yes   | Other. Specify Purchases   |  |          |  |  |  |
| 4.3    | First Premier Bank Nonpriority Creditor's Name  | Last 4 digits of account number  | 2038   | \$503.00 |  |  |  |
|        | Bankruptcy Department<br>PO Box 5523<br>Sioux Falls, SD 57117   | When was the debt incurred?  | Opened 12/01/15 Last Active 5/10/16          |          |  |  |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.                                    | As of the date you file, the claim   |  |          |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |          |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated   |  |          |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Disputed   |  |          |  |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                     |          |  |  |  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |  |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                   |  |          |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing   |  |          |  |  |  |
|        | Yes   | Other. Specify Purchases   |  |          |  |  |  |

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| Case Number (if know) | Case

| Debtor | 1 Maurice Hood  |   | Case number (if know)                         |            |  |  |
|--------|---|---|---|------------|--|--|
| 4.4    | Navient   | Last 4 digits of account number   |   | \$6,995.00 |  |  |
|        | Nonpriority Creditor's Name PO Box 9500   | When was the debt incurred?   |   |            |  |  |
|        | Wilkes Barre, PA 18773  Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.   | ☐ Contingent  |   |            |  |  |
|        | Debtor 1 only   | ☐ Unliquidated  |   |            |  |  |
|        | Debtor 2 only   | ☐ Disputed  |   |            |  |  |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |  |
|        | At least one of the debtors and another   | Student loans   |   |            |  |  |
|        | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                    | _   | aration agreement or divorce that you did not |            |  |  |
|        | No  | Debts to pension or profit-sharing  | ng plans, and other similar debts             |            |  |  |
|        | ☐ Yes   |   |   |            |  |  |
|        | Li Tes  | Student Lo  | an  |            |  |  |
| .5     | Paoples Engy  |   |   | \$469.00   |  |  |
| .5     | Peoples Engy Nonpriority Creditor's Name  | Last 4 digits of account number   | 6103  | \$409.00   |  |  |
|        | 200 East Randolph<br>Chicago, IL 60601  | When was the debt incurred?   | Opened 12/03/15 Last Active 6/06/16           |            |  |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.                              | As of the date you file, the claim  | is: Check all that apply                      |            |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |   |            |  |  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                  |   |            |  |  |
|        | ■ No  | Debts to pension or profit-sharing  |   |            |  |  |
|        | Yes   | Other. Specify Services   |   |            |  |  |
| .6     | Sallie Mae  | Last 4 digits of account number   |   | \$0.00     |  |  |
|        | Nonpriority Creditor's Name Bankruptcy Litigation Unit E3149 PO Box 9430                          | When was the debt incurred?   |   |            |  |  |
|        | Wilkes Barre, PA 18773-9430  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                 |   |            |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |            |  |  |
|        | ☐ Check if this claim is for a community debt   | Student loans   | protion agreement or diverse that did         |            |  |  |
|        | Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                  | aration agreement or divorce that you did not |            |  |  |
|        | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts |   |            |  |  |
|        | □Yes  | Other. Specify  |   |            |  |  |
|        |   | NOTICE ON   | NLY   |            |  |  |

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| 4.7                          | USA Funds   | Last 4 digits of account number  | per  | \$0.00                    |  |  |  |  |
|------------------------------|---|--|--|---------------------------|--|--|--|--|
| Nonpriority Creditor's Name  |   |  |  |                           |  |  |  |  |
|                              | PO Box 6180<br>Indianapolis, IN 46206   | when was the debt incurred?  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply |                           |  |  |  |  |
|                              | Number Street City State Zlp Code   | As of the date you file, the cla   |  |                           |  |  |  |  |
|                              | Who incurred the debt? Check one.   |  |  |                           |  |  |  |  |
|                              | ■ Debtor 1 only   | ☐ Contingent   |  |                           |  |  |  |  |
|                              | Debtor 2 only   | ☐ Unliquidated   |  |                           |  |  |  |  |
|                              | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                           |  |  |  |  |
|                              | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsec  | ured claim:  |                           |  |  |  |  |
|                              | ☐ Check if this claim is for a community  | Student loans  |  |                           |  |  |  |  |
|                              | debt Is the claim subject to offset?  | Obligations arising out of a sreport as priority claims  | separation agreement or divorce that you did not   |                           |  |  |  |  |
|                              | ■ No  | <u>_</u> ' ' '   | aring plans, and other similar debts   |                           |  |  |  |  |
|                              | □ Yes   | Other. Specify   | 31,  |                           |  |  |  |  |
|                              | i res   | NOTICE   | ONLY   |                           |  |  |  |  |
|                              |   | NOTICE   | ONLI   |                           |  |  |  |  |
| 4.8                          | Village of Gurnee   | Last 4 digits of account numb  |  | \$0.00                    |  |  |  |  |
|                              | Nonpriority Creditor's Name PO Box 1368 Elmhurst, IL 60126  | When was the debt incurred?  |  | -                         |  |  |  |  |
|                              | Number Street City State Zlp Code   | As of the date you file, the cla   | im is: Check all that apply  |                           |  |  |  |  |
|                              | Who incurred the debt? Check one.   |  |  |                           |  |  |  |  |
|                              | ■ Debtor 1 only   | ☐ Contingent   |  |                           |  |  |  |  |
|                              | Debtor 2 only   | ☐ Unliquidated   |  |                           |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only |   | □ Disputed   |  |                           |  |  |  |  |
|                              | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |  |                           |  |  |  |  |
|                              | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                           |  |  |  |  |
|                              | debt  |  | separation agreement or divorce that you did not   |                           |  |  |  |  |
|                              | Is the claim subject to offset?   | report as priority claims  |  |                           |  |  |  |  |
|                              | No  | ·  | Debts to pension or profit-sharing plans, and other similar debts                        |                           |  |  |  |  |
|                              | ☐ Yes ☐ Other. Specify NOTICE ONLY  |  |  |                           |  |  |  |  |
| Part :                       | 3: List Others to Be Notified About a D   | eht That You Already Listed  |  |                           |  |  |  |  |
| 5. Use<br>is tr<br>hav       | this page only if you have others to be notified<br>ying to collect from you for a debt you owe to se<br>e more than one creditor for any of the debts the<br>fied for any debts in Parts 1 or 2, do not fill out | I about your bankruptcy, for a debt the someone else, list the original credite hat you listed in Parts 1 or 2, list the a | or in Parts 1 or 2, then list the collection agency                                      | y here. Similarly, if you |  |  |  |  |
|                              | •   | On which entry in Part 1 or Part 2 did   | you list the original creditor?  |                           |  |  |  |  |
|                              | ital 1 Bank   | Line <b>4.1</b> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Clai   | ims                       |  |  |  |  |
|                              | : General Correspondence  |  | Part 2: Creditors with Nonpriority Unsecured   | Claims                    |  |  |  |  |
|                              | Box 30285<br>Lake City, UT 84130  |  | • •  |                           |  |  |  |  |
| Sait                         | Lake City, 01 04130   | Last 4 digits of account number  |  |                           |  |  |  |  |
| Name                         | and Address   | On which entry in Part 1 or Part 2 did   | you list the original creditor?  |                           |  |  |  |  |
|                              | tal One Bank Usa N  | Line 4.1 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Clai   | ims                       |  |  |  |  |
| 15000 Capital One Dr         |   |  | ■ Part 2: Creditors with Nonpriority Unsecured   | Claims                    |  |  |  |  |
| Rich                         | mond, VA 23238  | Last 4 digits of account number  |  |                           |  |  |  |  |
| Name                         | and Address   | On which entry in Part 1 or Part 2 did   | you list the original creditor?  |                           |  |  |  |  |
|                              | ital One Bank, N.A.   | Line <b>4.1</b> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Clai   | ims                       |  |  |  |  |
|                              | 3ox 71083   |  | Part 2: Creditors with Nonpriority Unsecured   | Claims                    |  |  |  |  |
| Cha                          | rlotte, NC 28272-1083   | Last 4 digits of account number  |  |                           |  |  |  |  |
| Namo                         | and Address   | On which entry in Part 1 or Part 2 did   | you list the original creditor?  |                           |  |  |  |  |
|                              | : Premier Bank  | Line 4.3 of (Check one):   | Part 1: Creditors with Priority Unsecured Clai   | ims                       |  |  |  |  |
|                              | N. Louise Ave.  |  | Part 2: Creditors with Nonpriority Unsecured   |                           |  |  |  |  |
| Siou                         | x Falls, SD 57107   | Last 4 digits of account number  |  |                           |  |  |  |  |
|                              |   | East + digits of account number  |  |                           |  |  |  |  |

Debtor 1 Maurice Hood

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Debtor 1 Maurice Hood On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Illinois Department of Revenue Line 2.3 of (Check one): ■ Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Section** ☐ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 64338 Chicago, IL 60664-0338 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Sallie Mae Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 9500 ■ Part 2: Creditors with Nonpriority Unsecured Claims Wilkes Barre, PA 18773-9500 Last 4 digits of account number

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>15,000.00 |
| Total claims |     |   |     | <br><u> </u>    |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>1,500.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>16,500.00 |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>6,995.00  |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>2,071.00  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>9,066.00  |

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Page 28 of 62 Document Fill in this information to identify your case: Debtor 1 Maurice Hood First Name Middle Name Last Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
|     | •         |              |   |                   |   |

|                              | Case 10-20984 L   | Docume  |                         | 06/28/16 16.14.25<br>of 62                       | Desc Main<br>6/28/16 3:51PM   |
|------------------------------|---|---|-------------------------|--|---|
| Fill in this                 | information to identify your  | case:   |                         |  |   |
| Debtor 1                     | Maurice Hood  |   |                         |  |   |
|                              | First Name  | Middle Name   | Last Name               |  |   |
| Debtor 2<br>(Spouse if, fili | ng) First Name  | Middle Name   | Last Name               |  |   |
| United Sta                   | ites Bankruptcy Court for the:  | NORTHERN DISTRICT                                   | OF ILLINOIS             |  |   |
| Case num                     | ber   |   |                         |  |   |
| (if known)                   |   |   |                         |  | ☐ Check if this is an   |
|                              |   |   |                         |  | amended filing  |
| Officia                      | l Form 106H   |   |                         |  |   |
| Sched                        | lule H: Your Code   | ebtors  |                         |  | 12/15   |
| ill it out, a<br>our name    | and number the entries in the each case number (if known).  you have any codebtors? (if y | boxes on the left. Attach<br>Answer every question. | the Additional Page t   | o this page. On the top of                       | ed, copy the Additional Page,<br>any Additional Pages, write  |
|                              |   | <b>3</b> ,  | ·                       |  |   |
| ■ No<br>□ Yes                | 8   |   |                         |  |   |
| Arizon                       | hin the last 8 years, have you ha, California, Idaho, Louisiana, Go to line 3.            | Nevada, New Mexico, Pu                              | erto Rico, Texas, Washi |  | tes and territories include   |
| ☐ Yes                        | s. Did your spouse, former spou   | se, or legal equivalent live                        | with you at the time?   |  |   |
| in line<br>Form              | e 2 again as a codebtor only it   | that person is a guarant                            | or or cosigner. Make    | sure you have listed the ci                      | th you. List the person shown<br>reditor on Schedule D (Official<br>edule E/F, or Schedule G to fil |
|                              | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZII                      | P Code  |                         | Column 2: The credito<br>Check all schedules the | or to whom you owe the debt at apply:   |
| 3.1                          |   |   |                         | ☐ Schedule D, line                               |   |
|                              | Name  |   |                         | ☐ Schedule E/F, line                             |   |
|                              |   |   |                         | ☐ Schedule G, line _                             |   |
| =                            | Number Street<br>City   | State   | ZIP Code                | _  |   |
| 3.2                          |   |   |                         | ☐ Schedule D, line                               |   |
|                              | Name  |   |                         | ☐ Schedule E/F, line☐ Schedule G, line☐          |   |
| -                            | Number Street   |   |                         | _  |   |

State

City

ZIP Code

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| Fill i                       | n this information to ic   | dentify your ca  | ase:  |   |  |
|------------------------------|--|--|---|---|--|
| Deb                          | tor 1 <u>N</u>   | Maurice Hoo  | d   |   |  |
|                              | tor 2  |  |   |   |  |
| Unit                         | ed States Bankruptcy   | Court for the  | NORTHERN DISTRIC  | CT OF ILLINOIS  |  |
| Cas<br>(If knd               | e number<br><sub></sub>  |  |   |   | Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:   |
| <u>Of</u>                    | ficial Form 1  | 061  |   |   | MM / DD/ YYYY  |
| Sc                           | hedule I: Yo   | our Inc  | ome   |   | 12/15  |
| supp<br>spou                 | s complete and accu<br>lying correct inform<br>ise. If you are separa  | urate as poss<br>lation. If you<br>ated and you  | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi   | ng jointly, and your spouse is li<br>ith you, do not include informat   | and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed,  |
| supp<br>spou                 | s complete and accu<br>olying correct inform<br>use. If you are separa<br>th a separate sheet to   | urate as possitation. If you atted and you this form. (  | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi   | ng jointly, and your spouse is li<br>ith you, do not include informat<br>onal pages, write your name an                           | and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question  |
| supp<br>spou<br>attac<br>Par | s complete and accullying correct informuse. If you are separath a separate sheet to Describe E  | urate as possitation. If you atted and you this form. (  | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi   | ng jointly, and your spouse is li<br>ith you, do not include informat   | and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed,  |
| supp<br>spou<br>attac<br>Par | s complete and acculolying correct information.  It is a complete and acculolying correct information.  Solution of the complete and acculolying correct information acculors and acculors  | urate as possilation. If you ated and you to this form. (simployment ment  | ible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any addition                        | ng jointly, and your spouse is li<br>ith you, do not include informat<br>onal pages, write your name an                           | and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question  |
| supp<br>spou<br>attac<br>Par | s complete and accullying correct informise. If you are separate has separate sheet to be separate. Describe E Fill in your employr information.  If you have more that attach a separate painformation about additional separate painformation about additional separate information about additional separate painformation about additional separate painformation about additional separate information about additional separate separate painformation about additional separate separate separate painformation about additional separate separ | urate as possilation. If you ated and you to this form. (amployment ment  an one job, age with                                   | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi   | ng jointly, and your spouse is lith you, do not include informational pages, write your name an                                   | and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question  |
| supp<br>spou<br>attac<br>Par | s complete and accullying correct informise. If you are separate has separate sheet to the separate sheet sheet sheet to the separate sheet shee | urate as possilation. If you atted and you to this form. (Imployment ment  an one job, age with additional                       | ible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any addition                        | ng jointly, and your spouse is lift you, do not include informational pages, write your name an  Debtor 1  Employed               | and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed |
| supp<br>spou<br>attac<br>Par | s complete and accullying correct informise. If you are separate has separate sheet to be separate. Describe E Fill in your employr information.  If you have more that attach a separate painformation about additional separate painformation about additional separate information about additional separate painformation about additional separate painformation about additional separate information about additional separate separate painformation about additional separate separate separate painformation about additional separate separ | urate as possilation. If you atted and you to this form. (Imployment ment  an one job, age with additional                       | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any addition                       | ng jointly, and your spouse is lith you, do not include informational pages, write your name an  Debtor 1  Employed  Not employed | and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed |
| supp<br>spou<br>attac<br>Par | s complete and accupilying correct information.  It is Describe E  Fill in your employr information.  If you have more tha attach a separate painformation about ad employers.   | urate as possilation. If you ated and you to this form. If imployment ment an one job, ige with iditional asonal, or ude student | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any addition<br>Employment status* | Debtor 1  Employed  Not employed  Director Recuitment (Management)  | and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed |

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

|    |     | For Debtor 1 |     | btor 2 or<br>ing spouse |
|----|-----|--------------|-----|-------------------------|
| 2. | \$  | 3,672.00     | \$  | 0.00                    |
| 3. | +\$ | 0.00         | +\$ | 0.00                    |
| 4. | \$  | 3,672.00     | \$  | 0.00                    |

Official Form 106I Schedule I: Your Income page 1

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|        | Case r | number (if known)                          |      |                              |                        |
|--------|--------|--|------|------------------------------|------------------------|
|        | For    | Debtor 1                                   |      | ebtor 2 or<br>iling spou     |                        |
| 4.     | \$     | 3,672.00                                   | \$   |                              | .00                    |
|        |        |  |      |                              |                        |
| 5a.    | \$     | 665.00                                     | \$   | 0                            | .00                    |
| 5b.    | \$     | 0.00                                       | \$   |                              | .00                    |
| 5c.    | \$     | 0.00                                       | \$   |                              | .00                    |
| 5d.    | \$     | 0.00                                       | \$   | 0                            | .00                    |
| 5e.    | \$     | 0.00                                       | \$   | 0                            | .00                    |
| 5f.    | \$     | 0.00                                       | \$   |                              | .00                    |
| 5g.    | \$     | 0.00                                       | \$   |                              | .00                    |
| _ 5h.+ | - \$   | 0.00                                       | + \$ | 0                            | .00                    |
| 6.     | \$     | 665.00                                     | \$   |                              | .00                    |
| 7.     | \$     | 3,007.00                                   | \$   | 0                            | .00                    |
| 8a.    | \$     | 3,250.00                                   | \$   | 0                            | .00                    |
| 8b.    | \$     | 0.00                                       | \$   |                              | .00                    |
| 8c.    | \$     | 0.00                                       | \$   | 0                            | .00                    |
| 8d.    | \$     | 0.00                                       | \$   | 2,300                        | .00                    |
| 8e.    | \$     | 0.00                                       | \$   | 0                            | .00                    |
| 8f.    | \$     | 0.00                                       | \$   | 0                            | .00                    |
| 8g.    | \$     | 0.00                                       | \$   | 0                            | .00                    |
| 8h.+   | - \$   | 0.00                                       | + \$ | 0                            | .00                    |
| 9.     | \$     | 3,250.00                                   | \$   | 2,30                         | 0.00                   |
| 10. \$ |        | 5,257.00 + \$                              | 2 30 | 0.00 = \$                    | 8,557.00               |
| 10.    |        | ,, <u>237.00</u> .   <sup>©</sup> _        | 2,30 | <u>0.00</u> -   <sup>4</sup> | 0,337.00               |
| •      | ·      | your roommates                             |      | hedule J.<br>11. +\$         | 0.00                   |
|        |        | bined monthly ir<br>nd Related <i>Data</i> |      | 12. \$_                      | 8,557.00               |
| ?      |        |  |      |                              | nbined<br>nthly income |
|        | ?      |  |      |                              | 12. S _<br>Cor<br>mo   |

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| Debtor 1 | Maurice Hood | Case number (if known) |  |
|----------|--------------|------------------------|--|
|          |              |                        |  |

## Official Form B 6I **Attachment for Additional Employment Information**

| Debtor              |                                 |
|---------------------|---------------------------------|
| Occupation          | Shop owner (Barbershop Manager) |
| Name of Employer    | U Next New Image                |
| How long employed   | 5 years                         |
| Address of Employer | 1107 Washington                 |
|                     | Waukegan, IL 60085              |

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| Fill       | in this informa   | ition to identify yo                                   | our case:              |   |            |   |            |         |                    |  |      |
|------------|---|--|------------------------|---|------------|---|------------|---------|--------------------|--|------|
| Deb        | tor 1   | Maurice Hoo  | d                      |   |            |   | Ch         | eck if  | this is:           |  |      |
|            |   |  |                        |   |            |   |            |         | amended filing     |  |      |
|            | Debtor 2 (Spouse, if filing)  |  |                        |   |            |   |            |         |                    | ving postpetition chapt<br>the following date: | er   |
| (Spt       | (Spouse, ii iiiiiig)  |  |                        |   |            |   |            | 13 6    | expenses as or     | the following date.                            |      |
| Unit       | United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |  |                        |   |            |   |            | MM      | / DD / YYYY        |  |      |
| Cas        | e number  |  |                        |   |            |   |            |         |                    |  |      |
| (If kı     | nown)   |  |                        |   |            |   |            |         |                    |  |      |
| $\bigcirc$ | fficial Fo  | orm 106J   |                        |   |            |   |            |         |                    |  |      |
|            |   | J: Your I  | Evner                  | 1606                                    |            |   |            |         |                    | 4  | 2/15 |
| Be<br>info | as complete a   | and accurate as  | possible<br>eded, atta | . If two married peo                    |            |   |            |         |                    | or supplying correct<br>our name and case      | 2/13 |
| Par        |   | ribe Your House  | hold                   |   |            |   |            |         |                    |  |      |
| 1.         | Is this a joir  |  |                        |   |            |   |            |         |                    |  |      |
|            | No. Go to   |  |                        |   |            |   |            |         |                    |  |      |
|            |   |  | n a separ              | ate household?                          |            |   |            |         |                    |  |      |
|            | □ N<br>□ Y  | -  | st file Offic          | al Form 106J-2, <i>Exp</i>              | oenses fo  | r Separate Housei                       | hold of De | ebtor 2 | <u>.</u>           |  |      |
| 2.         | Do you have   | e dependents?  | □ No                   |   |            |   |            |         |                    |  |      |
|            | Do not list Do<br>Debtor 2.   | ebtor 1 and  | Yes.                   | Fill out this informatio each dependent |            | Dependent's relation Debtor 1 or Debtor |            |         | Dependent's<br>age | Does dependent live with you?                  |      |
|            | Do not state  | the  |                        |   |            |   |            |         |                    | □ No   |      |
|            | dependents  |  |                        |   |            | Son                                     |            |         | 10                 | ■ Yes  |      |
|            |   |  |                        |   | -          |   |            |         |                    | □ No   |      |
|            |   |  |                        |   | _          |   |            |         |                    | ☐ Yes  |      |
|            |   |  |                        |   |            |   |            |         |                    | □ No   |      |
|            |   |  |                        |   | _          |   |            |         |                    | ☐ Yes  |      |
|            |   |  |                        |   |            |   |            |         |                    | □ No   |      |
|            |   |  |                        |   | _          |   |            |         |                    | ☐ Yes  |      |
| 3.         | expenses of yourself and  | penses include<br>f people other the<br>d your depende | han<br>nts? □          | No<br>Yes                               |            |   |            |         |                    |  |      |
|            |   | ate Your Ongoi   |                        |   | loss vou   | aro using this fo                       | rm ac a c  | sunnle  | mont in a Cha      | pter 13 case to repo                           | -4   |
| exp        |   |  |                        |   |            |   |            |         |                    | f the form and fill in t                       |      |
|            |   |  |                        | government assista                      |            |   |            |         |                    |  |      |
|            | value of suci<br>ficial Form 10                                       |  | d have inc             | cluded it on <i>Schedu</i>              | ule I: You | ır Income                               |            |         | Your expe          | enses  |      |
| 4.         |   | or home owners   |                        | ses for your reside<br>or lot.          | ence. Incl | ude first mortgage                      | 4.         | \$_     |                    | 2,536.00                                       |      |
|            | If not includ   | led in line 4:   |                        |   |            |   |            |         |                    |  |      |
|            | 4a. Real e  | estate taxes   |                        |   |            |   | 4a.        | \$      |                    | 0.00   |      |
|            |   | rty, homeowner's                                       | s, or renter           | 's insurance                            |            |   | 4b.        |         |                    | 0.00   |      |
|            | •   | •  |                        | upkeep expenses                         |            |   | 4c.        |         |                    | 300.00   |      |
|            |   | owner's associat                                       | •                      |   |            |   | 4d.        | · · ·   |                    | 100.00   |      |
| 5.         | Additional r  | mortgage payme   | ents for yo            | <b>our residence</b> , such             | as home    | e equity loans                          | 5.         | \$      |                    | 0.00   |      |

| Debt | or 1    | Maurice Hood   | Case num       | ber (if known)                        |                            |
|------|---------|--|----------------|---------------------------------------|----------------------------|
| 6.   | Utiliti | es:  |                |                                       |                            |
|      | 6a.     | Electricity, heat, natural gas   | 6a.            | \$                                    | 152.00                     |
|      | 6b.     | Water, sewer, garbage collection   | 6b.            | \$                                    | 86.00                      |
|      | 6c.     | Telephone, cell phone, Internet, satellite, and cable services   | 6c.            | \$                                    | 350.00                     |
|      | 6d.     | Other. Specify:  | 6d.            | \$                                    | 0.00                       |
| 7.   | Food    | and housekeeping supplies  | <del></del> 7. | ·                                     | 668.00                     |
|      |         | care and children's education costs  | 8.             | \$                                    | 0.00                       |
|      |         | ing, laundry, and dry cleaning   | 9.             | \$                                    | 150.00                     |
|      |         | onal care products and services  | 10.            | · ·                                   |                            |
|      |         |  |                | ·                                     | 150.00                     |
|      |         | cal and dental expenses  | 11.            | \$                                    | 162.00                     |
|      |         | sportation. Include gas, maintenance, bus or train fare.   | 12.            | ¢                                     | 400.00                     |
|      |         | ot include car payments.   |                | ·                                     |                            |
|      |         | tainment, clubs, recreation, newspapers, magazines, and books  | 13.            |                                       | 100.00                     |
|      |         | table contributions and religious donations  | 14.            | \$                                    | 17.00                      |
| -    |         | ance.  |                |                                       |                            |
|      |         | ot include insurance deducted from your pay or included in lines 4 or 20.  | 45-            | ¢                                     | 400.00                     |
|      |         | Life insurance   | 15a.           | ·                                     | 100.00                     |
|      |         | Health insurance   | 15b.           | ·                                     | 0.00                       |
|      |         | Vehicle insurance  | 15c.           | · ·                                   | 212.00                     |
|      | 15d.    | Other insurance. Specify:  | 15d.           | \$                                    | 0.00                       |
|      |         | s. Do not include taxes deducted from your pay or included in lines 4 or 20.   | •              |                                       |                            |
|      | Speci   | ·  | 16.            | \$                                    | 0.00                       |
|      |         | Ilment or lease payments:  | _              |                                       |                            |
|      | 17a.    | Car payments for Vehicle 1   | 17a.           | \$                                    | 612.00                     |
|      | 17b.    | Car payments for Vehicle 2   | 17b.           | \$                                    | 0.00                       |
|      | 17c.    | Other. Specify:  | 17c.           | \$                                    | 0.00                       |
|      | 17d.    | Other. Specify:  | 17d.           | \$                                    | 0.00                       |
|      |         | payments of alimony, maintenance, and support that you did not report as   |                | -                                     |                            |
|      |         | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.            | \$                                    | 0.00                       |
|      |         | payments you make to support others who do not live with you.  |                | \$                                    | 0.00                       |
|      | Speci   | fy:  | 19.            |                                       |                            |
| 20.  | Othe    | r real property expenses not included in lines 4 or 5 of this form or on Sche  | dule I: Yo     | our Income.                           |                            |
|      |         | Mortgages on other property  | 20a.           |                                       | 0.00                       |
|      | 20b.    | Real estate taxes  | 20b.           | \$                                    | 0.00                       |
|      | 20c.    | Property, homeowner's, or renter's insurance   | 20c.           | \$                                    | 0.00                       |
|      |         | Maintenance, repair, and upkeep expenses   | 20d.           | · ·                                   | 0.00                       |
|      |         | Homeowner's association or condominium dues  | 20e.           |                                       | 0.00                       |
|      |         |  |                | ·                                     |                            |
|      |         | r: Specify: Wife's Auto payment  | 21.            | · · · · · · · · · · · · · · · · · · · | 500.00                     |
| _    |         | 's Credit Cards  |                | +\$                                   | 250.00                     |
| _    |         | Maintenance  |                | +\$                                   | 250.00                     |
| _    | After   | School Activities  |                | +\$                                   | 162.00                     |
| າາ   | Calc    | ılate your monthly expenses  |                |                                       |                            |
|      |         | Add lines 4 through 21.  |                | \$                                    | 7 257 00                   |
|      |         |  |                | · -                                   | 7,257.00                   |
|      |         | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |                | \$                                    |                            |
|      | 22c. A  | Add line 22a and 22b. The result is your monthly expenses.   |                | \$                                    | 7,257.00                   |
| 22   | Cala    | ulate your monthly not income  |                |                                       |                            |
|      |         | ulate your monthly net income.   | 220            | ¢                                     | 0 557 00                   |
|      |         | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.           | ·                                     | 8,557.00                   |
|      | ∠JD.    | Copy your monthly expenses from line 22c above.  | 23b.           | -⊅                                    | 7,257.00                   |
|      | 00      | O him of comment the comment of the second s |                |                                       |                            |
|      | 23c.    | Subtract your monthly expenses from your monthly income.   | 23c.           | \$                                    | 1,300.00                   |
|      |         | The result is your <i>monthly net income</i> .   | 230.           |                                       | .,000100                   |
|      |         | ou expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect your   |                |                                       | e or decrease because of a |
|      |         | cation to the terms of your mortgage?  | mortgage       | payment to increase                   | on decrease because or a   |
|      |         |  |                |                                       |                            |
|      | 1 1 7 2 | de l'Explain pete.   |                |                                       |                            |

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| Fill in this inform | mation to identify your  | case:                     |                                     |   |
|---------------------|--------------------------|---------------------------|-------------------------------------|---|
| Debtor 1            | Maurice Hood             |                           |                                     |   |
|                     | First Name               | Middle Name               | Last Name                           |   |
| Debtor 2            |                          |                           |                                     |   |
| (Spouse if, filing) | First Name               | Middle Name               | Last Name                           |   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT         | OF ILLINOIS                         |   |
| Case number         |                          |                           |                                     |   |
| (if known)          |                          |                           |                                     | ☐ Check if this is an amended filing  |
| Official Forr       | n 106Dec                 |                           |                                     |   |
| Declarat            | ion About a              | ın Individual             | <b>Debtor's Schedu</b>              | les 12/15   |
| If two married pe   | eople are filing togethe | r, both are equally respo | nsible for supplying correct inform | ation.  |
| obtaining money     |                          | n connection with a bank  |                                     | ialse statement, concealing property, or o \$250,000, or imprisonment for up to 20            |
| Sign                | n Below                  |                           |                                     |   |
| Did you pa          | y or agree to pay some   | one who is NOT an attor   | ney to help you fill out bankruptcy | forms?  |
| ■ No                |                          |                           |                                     |   |
| ☐ Yes. N            | Name of person           |                           |                                     | ttach Bankruptcy Petition Preparer's Notice,<br>eclaration, and Signature (Official Form 119) |

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

Official Form 106Dec

Signature of Debtor 2

Date

that they are true and correct.

Date June 28, 2016

X /s/ Maurice Hood

Maurice Hood Signature of Debtor 1

| Fill               | in this infor              | mation to identify you   | r case:   |   |  |   |  |  |  |  |  |
|--------------------|----------------------------|--|---|---|--|---|--|--|--|--|--|
| Del                | otor 1                     | Maurice Hood   |   |   |  |   |  |  |  |  |  |
|                    |                            | First Name   | Middle Name   | Last Name   |  |   |  |  |  |  |  |
|                    | otor 2<br>ouse if, filing) | First Name   | Middle Name   | Last Name   |  |   |  |  |  |  |  |
| Uni                | ted States B               | ankruptcy Court for the:   | NORTHERN DISTRICT C   | PF ILLINOIS   |  |   |  |  |  |  |  |
|                    | se number<br>nown)         |  |   |   | _  | Check if this is an amended filing                    |  |  |  |  |  |
| Sta                | atemen                     | and accurate as possi  | Affairs for Individual in the second of the | re filing together, both are                          | equally responsible for sup                |   |  |  |  |  |  |
|                    |                            | vn). Answer every que  |   | inis form. On the top of an                           | y additional pages, write yo               | ur name and case                                      |  |  |  |  |  |
| Par                | t 1: Give                  | Details About Your Ma  | arital Status and Where You   | Lived Before  |  |   |  |  |  |  |  |
| 1.                 | What is you                | ur current marital statu   | ıs?   |   |  |   |  |  |  |  |  |
|                    | ■ Marrie □ Not ma          |  |   |   |  |   |  |  |  |  |  |
| 2.                 | During the                 | last 3 years, have you   | lived anywhere other than v   | where you live now?                                   |  |   |  |  |  |  |  |
|                    | ■ No                       | Na   |   |   |  |   |  |  |  |  |  |
|                    | _                          | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |   |   |  |   |  |  |  |  |  |
|                    | Debtor 1 F                 | rior Address:  | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |  |  |  |  |  |
| <b>3.</b><br>state |                            |  | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Nev  |   |  |   |  |  |  |  |  |
|                    | ■ No □ Yes. M              | lake sure you fill out <i>Scl</i>  | nedule H: Your Codebtors (Of  | ficial Form 106H).                                    |  |   |  |  |  |  |  |
| Par                | t 2 Expla                  | ain the Sources of You   | r Income  |   |  |   |  |  |  |  |  |
| 4.                 | Fill in the to             | tal amount of income yo  | nployment or from operating<br>u received from all jobs and a<br>have income that you receive   | III businesses, including part                        | time activities.                           | ndar years?   |  |  |  |  |  |
|                    | □ No ■ Yes. F              | ill in the details.  |   |   |  |   |  |  |  |  |  |
|                    |                            |  | Debtor 1  |   | Debtor 2                                   |   |  |  |  |  |  |
|                    |                            |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |
|                    |                            | 1 of current year until<br>ed for bankruptcy:  | ■ Wages, commissions, bonuses, tips   | \$50,712.00   | ☐ Wages, commissions, bonuses, tips        |   |  |  |  |  |  |

☐ Operating a business

Operating a business

Case 16-20984 Doc 1 Filed 06/28/16 Entered 06/28/16 16:14:25 Desc Main Page 37 of 62 Document ase number (if known) Debtor 1 **Maurice Hood** Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$50,150.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$96,500.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an П

| Part 3: | List Certain | <b>Payments</b> | You Made | Before ' | You Filed f | or Bankruptcy |
|---------|--------------|-----------------|----------|----------|-------------|---------------|

| ô. | Are either | Debtor 1's | or Debtor | 2's debts | primarily | y consumer | debts? |
|----|------------|------------|-----------|-----------|-----------|------------|--------|
|----|------------|------------|-----------|-----------|-----------|------------|--------|

individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

#### Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

paid

still owe

Creditor's Name and Address Amount you Was this payment for ... Dates of payment **Total amount** 

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Page 38 of 62 Document ase number (*if known*) Debtor 1 Maurice Hood Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment** Amount you Reason for this payment **Total amount** still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Lake County, IL JP Morgan Chase Bank Collection Pending VS On appeal maurice Hood □ Concluded 12 ch 02592 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Nο

Yes

Amount

Date action was

taken

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| Pai | t 5: List Certain Gifts and Contribution   | ıs       |   |   |                           |
|-----|--|----------|---|---|---------------------------|
| 13. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.   | uptcy,   | did you give any gifts with a total value of more th  | nan \$600 per person                    | ?                         |
|     | Gifts with a total value of more than \$60 per person  |          | Describe the gifts  | Dates you gave the gifts                | Value                     |
|     | Person to Whom You Gave the Gift and Address:  |          |   |   |                           |
| 14. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or or  |          | did you give any gifts or contributions with a tota   | I value of more than                    | \$600 to any charity?     |
|     | Gifts or contributions to charities that 1 more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code          | total    | Describe what you contributed   | Dates you contributed                   | Value                     |
| Pai | t 6: List Certain Losses   |          |   |   |                           |
| 15. | Within 1 year before you filed for bankru or gambling?  ■ No □ Yes. Fill in the details.   | ptcy or  | since you filed for bankruptcy, did you lose anyt   | hing because of the                     | ft, fire, other disaster, |
|     | Describe the property you lost and how the loss occurred   | Include  | ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost    |
| Pai | t 7: List Certain Payments or Transfers  | s        |   |   |                           |
| 16. | consulted about seeking bankruptcy or  | prepari  | id you or anyone else acting on your behalf pay on a bankruptcy petition? rs, or credit counseling agencies for services required           |   | erty to anyone you        |
|     | □ No   |          |   |   |                           |
|     | Yes. Fill in the details.  |          |   |   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y                                  | ′ou      | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | David M. Siegel & Associates<br>790 Chaddick Drive<br>Wheeling, IL 60090   |          | paid filing fee   | 6/22/16                                 | \$310.00                  |
| 17. | Within 1 year before you filed for bankru<br>promised to help you deal with your cree<br>Do not include any payment or transfer that | ditors o |   | r transfer any prope                    | rty to anyone who         |
|     | ■ No   |          |   |   |                           |
|     | Yes. Fill in the details.  |          |   |   |                           |
|     | Person Who Was Paid<br>Address   |          | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |

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Debtor 1 **Maurice Hood** 

|     | Within 2 years before you filed for bankrup transferred in the ordinary course of your landled both outright transfers and transfers miclude gifts and transfers that you have alread | ousine<br>ade a | ess or financial aft<br>s security (such as                          | fairs?<br>the granting of a |                   | -        |  |        |  |
|-----|---|-----------------|--|-----------------------------|-------------------|----------|--|--------|--|
|     | ■ No  |                 |  |                             |                   |          |  |        |  |
|     | Yes. Fill in the details.   |                 |  |                             |                   |          |  |        |  |
|     | Person Who Received Transfer Address  |                 | Description and property transfe                                     |                             |                   | paym     | ribe any property or<br>ents received or debts<br>n exchange |        | te transfer was<br>ide                       |
|     | Person's relationship to you  |                 |  |                             |                   | <b>P</b> |  |        |  |
|     | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr   |                 |  | ny property to a            | a self            | -settle  | d trust or similar device                                    | of wl  | hich you are a                               |
|     | Yes. Fill in the details.   |                 |  |                             |                   |          |  |        |  |
|     | Name of trust   |                 | Description and  | value of the pro            | opert             | y trans  | sferred  |        | te Transfer was<br>ide                       |
|     |   |                 |  |                             |                   |          |  |        |  |
| Par | List of Certain Financial Accounts, In  | strun           | nents, Safe Depos  | it Boxes, and S             | Storag            | ge Uni   | ts   |        |  |
|     | Within 1 year before you filed for bankruptous sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso                        | or oth          | er financial accou   | unts; certificate           | s of o            |          |  |        |  |
|     | ■ No  |                 | ,  |                             |                   |          |  |        |  |
|     | Yes. Fill in the details.   |                 |  |                             |                   |          |  |        |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  |                 | t 4 digits of<br>ount number   | Type of acco                | ount o            | or       | Date account was closed, sold, moved, or transferred         | b      | Last balance<br>efore closing or<br>transfer |
|     | Do you now have, or did you have within 1 cash, or other valuables?   | year I          | before you filed fo  | or bankruptcy, a            | any s             | afe de   | posit box or other depos                                     | sitory | for securities,                              |
|     | Yes. Fill in the details.   |                 |  |                             |                   |          |  |        |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   |                 | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                             | Des               | scribe   | the contents   |        | Do you still<br>have it?                     |
| 22. | Have you stored property in a storage unit  | or pla          | ice other than you   | ır home within              | 1 yea             | r befo   | re you filed for bankrupt                                    | cy?    |  |
|     | _   |                 |  |                             |                   |          |  |        |  |
|     | No  |                 |  |                             |                   |          |  |        |  |
|     | Yes. Fill in the details.   |                 |  |                             |                   |          |  |        |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   |                 | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                             | Des               | scribe   | the contents   |        | Do you still<br>have it?                     |
| Par | 19: Identify Property You Hold or Contro  | l for S         | omeone Else  |                             |                   |          |  |        |  |
|     | Do you hold or control any property that so   |                 |  | ludo any nrono              | <b>**</b> ******* | au bar   | rowed from are storing                                       | for o  | r hold in truct                              |
|     | for someone.  | meoi            | ie eise owns? inc  | iude any prope              | ity yc            | ou boi   | rowed from, are storing                                      | 101, 0 | r noid in trust                              |
|     | ■ No □ Yes. Fill in the details.  |                 |  |                             |                   |          |  |        |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  |                 | Where is the pro<br>(Number, Street, City,<br>Code)                  |                             | Des               | scribe   | the property   |        | Value  |
|     |   |                 | ,  |                             |                   |          |  |        |  |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 **Maurice Hood** 

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

| Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |   |   |   |  |   |  |  |  |
|---|---|---|---|--|---|--|--|--|
| ort a   | II notices, releases, and proceedings the   | at you know about, regardless of when   | the   | y occurred.  |   |  |  |  |
| Has   | any governmental unit notified you that   | you may be liable or potentially liable   | und   | er or in violation of an environme   | ntal law?   |  |  |  |
| ■ No □ Yes. Fill in the details.  |   |   |   |  |   |  |  |  |
|   |   | Governmental unit Address (Number, Street, City, State and ZIP Code)  |   |  | Date of notice  |  |  |  |
| Hav   | e you notified any governmental unit of   | any release of hazardous material?  |   |  |   |  |  |  |
|   | No<br>Yes. Fill in the details.   |   |   |  |   |  |  |  |
|   |   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)  |   | Environmental law, if you know it  | Date of notice  |  |  |  |
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and of  |   |   |   |  | nd orders.  |  |  |  |
|   | No<br>Yes. Fill in the details.   |   |   |  |   |  |  |  |
|   |   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nat   | ure of the case  | Status of the case  |  |  |  |
| t 11:   | Give Details About Your Business or   | Connections to Any Business   |   |  |   |  |  |  |
| Witl  | nin 4 years before you filed for bankrupt   | cy, did you own a business or have any  | y of  | the following connections to any   | business?   |  |  |  |
|   | ■ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |   |   |  |   |  |  |  |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |   |   |  |   |  |  |  |
| ☐ A partner in a partnership  |   |   |   |  |   |  |  |  |
|   | ☐ An officer, director, or managing executive of a corporation  |   |   |  |   |  |  |  |
|   | ☐ An owner of at least 5% of the voting   | g or equity securities of a corporation   |   |  |   |  |  |  |
|   | No. None of the above applies. Go to F  | Part 12.  |   |  |   |  |  |  |
|   | Yes. Check all that apply above and fill  | in the details below for each business  |   |  |   |  |  |  |
|   |   | Describe the nature of the business   |   |  |   |  |  |  |
|   |   | Name of accountant or bookkeeper  |   |  |   |  |  |  |
| 24:<br>Wa   | 21 Washington & 2416<br>ashington   | Hair Salon  |   | EIN: From-To 2008 - current  |   |  |  |  |
|   | Hase ort a Hase Nan Add Have Nan Add Have Caac Caac With U 1 242 Wa   | hazardous material, pollutant, contaminant, ort all notices, releases, and proceedings that Has any governmental unit notified you that No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administry of No Yes. Fill in the details.  Case Title Case Number  Title Give Details About Your Business or Within 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability computation of the Apartner in a partnership An officer, director, or managing examples. An owner of at least 5% of the voting No. None of the above applies. Go to File Apartner in Apartnership No. None of the above applies. | hazardous material, pollutant, contaminant, or similar term.  ort all notices, releases, and proceedings that you know about, regardless of when that any governmental unit notified you that you may be liable or potentially liable    No | hazardous material, pollutant, contaminant, or similar term.  ort all notices, releases, and proceedings that you know about, regardless of when the Has any governmental unit notified you that you may be liable or potentially liable und liable und liabl | nazardous material, pollutant, contaminant, or similar term.  ort all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environme No.  No.  Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A partner in a partnership A partner in a partnership An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporatio |  |  |  |

Desc Main Case 16-20984 Doc 1 Filed 06/28/16 Entered 06/28/16 16:14:25 Page 42 of 62 Document Debtor 1 ase number (if known) **Maurice Hood** 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Maurice Hood Signature of Debtor 2 **Maurice Hood** Signature of Debtor 1 Date June 28, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

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If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### 6/28/16 3:51PM

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

## (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### AFTER THE CASE IS FILED В.

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

#### *C*. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:  |   |
|--|---|
| Signed:                                      |   |
| /s/ Maurice Hood                             | /s/ David M. Siegel                       |
| Maurice Hood                                 | David M. Siegel                           |
|  | Attorney for the Debtor(s)                |
| Debtor(s)                                    |   |
| Do not sign this agreement if the amounts ar | e blank. <b>Local Bankruptcy Form 23c</b> |

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | e Maurice Hood  |  |   | Case No.   |                     |                 |
|-------|---|--|---|--|---------------------|-----------------|
|       |   |  | Debtor(s)   | Chapter  | 13                  |                 |
|       | DISC  | LOSURE OF COM  | MPENSATION OF ATTORN  | NEY FOR DE   | CBTOR(S)            |                 |
|       | compensation paid to m  | ne within one year before to   | P. 2016(b), I certify that I am the attorney the filing of the petition in bankruptcy, or oblation of or in connection with the bankru  | agreed to be paid  | to me, for services |                 |
|       | For legal services,   | I have agreed to accept  |   | \$   | 4,000.00            |                 |
|       | Prior to the filing o   |  | ceived  |  | 0.00                |                 |
|       |   |  |   | \$   | 4,000.00            |                 |
| 2.    | \$310.00 of the file  | ling fee has been paid.  |   |  |                     |                 |
| 3.    | The source of the compo   | ensation paid to me was:   |   |  |                     |                 |
|       | ■ Debtor □  | Other (specify):   |   |  |                     |                 |
| 4.    | The source of compensa  | ation to be paid to me is:   |   |  |                     |                 |
|       | ■ Debtor  | ☐ Other (specify):   |   |  |                     |                 |
| 5.    | ■ I have not agreed to  | share the above-disclosed  | d compensation with any other person unl  | less they are memb                                       | pers and associates | of my law firm. |
|       |   |  | ompensation with a person or persons who<br>the names of the people sharing in the co   |  |                     | y law firm. A   |
| 6.    | In return for the above-  | disclosed fee, I have agree  | ed to render legal service for all aspects o  | f the bankruptcy c                                       | ase, including:     |                 |
|       | <ul> <li>b. Preparation and filin</li> <li>c. Representation of the</li> <li>d. [Other provisions as<br/>Negotiations<br/>agreements</li> </ul> | ng of any petition, schedule<br>the debtor at the meeting of<br>s needed]<br>s with secured creditor | d rendering advice to the debtor in determ<br>es, statement of affairs and plan which m<br>creditors and confirmation hearing, and a<br>rs to reduce to market value; exem<br>eeded; preparation and filing of mo<br>goods. | ay be required;<br>any adjourned hear<br>ption planning; | rings thereof;      | mation          |
| 7.    | Representati  |  | osed fee does not include the following se<br>any dischargeability actions, judicia<br>oceeding.  |  | es (except in Ch    | apter 13        |
|       |   |  | CERTIFICATION   |  |                     |                 |
|       | I certify that the foregoing.   | ing is a complete statemen   | nt of any agreement or arrangement for pa   | syment to me for re                                      | epresentation of th | e debtor(s) in  |
| J     | June 28, 2016   |  | /s/ David M. Siegel   |  |                     |                 |
|       | Date  |  | David M. Siegel   |  |                     |                 |
|       |   |  | Signature of Attorney David M. Siegel & A 790 Chaddick Drive Wheeling, IL 60090   |  |                     |                 |

(847) 520-8100 Name of law firm

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

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### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

## THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

## THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
  - The payment, if any, received by the attorney has all been used to pay for work performed before the filing of the case. The advantage to the debtor is that services can be provided with little or no upfront legal fees.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;

- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 0 toward the flat fee, leaving a balance due of \$ 4000.00 ; and \$ 30.00 for expenses, leaving a balance due for the filing fee of \$0

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:  | 620-10 |  |
|--------|--------|--|
| Signed | •      |  |

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

## **United States Bankruptcy Court** Northern District of Illinois

| In re | Maurice Hood                               |  | Case No.                       |               |
|-------|--|--|--------------------------------|---------------|
|       |  | Debtor(s)                                | Chapter 13                     |               |
|       | VE   | ERIFICATION OF CREDITOR M                | MATRIX                         |               |
|       |  | Number of                                | f Creditors:                   | 25            |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credi | itors is true and correct to t | he best of my |
| Date: | June 28, 2016                              | /s/ Maurice Hood                         |                                |               |

Cap One Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130-0285

Cap One Auto Mail Only PO Box 201347 Arlington, TX 76006

Capital 1 Bank Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130

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Chase Mortgage PO Box 24696 Columbus, OH 43224

Codilis & Associates 15W030 N. Frontage Rd. Suite 100 Burr Ridge, IL 60527

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Devona Brown 615 S Utica Waukegan, IL 60085

First Premier Bank Bankruptcy Department PO Box 5523 Sioux Falls, SD 57117 First Premier Bank 3820 N. Louise Ave. Sioux Falls, SD 57107

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IRS
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